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ABSTRACT

Preliminary research investigating alcohol education throughout Australia was translated into a set of curriculum materials. A critical analysis of the process that was used to develop the materials and the program as a whole is presented; the stages of implementation of the program are described. The nature of the curriculum model and its strengths and weaknesses in relation to alcohol education, the learning that is afforded to young people, and the current curriculum context into which it fits are reviewed. This project represents an effort on the part of the Australian Brewers' Foundation to initiate applied research relevant to the concerns of schools. Findings of the research led to the application of the concept of "harm minimization" as the most viable approach given the role of alcohol in Australian society and existing patterns of use by young people. Harm minimization, based on learning to make choices, was built into the program. Major objectives and the policy context of the program are discussed. The issue of partnership between the industry and education is addressed. The project is important as a model of industry-education cooperation and for the quality of materials developed. (EMK)

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ED 422 539

Working Paper 16

Rethinking Drinking: You're in Control

An alcohol education program for secondary students

Reflections on the development, implementation and strengths of the program

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John McLeod

Youth Research Centre

March 1997

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An alcohol education program for secondary students

Reflections on the development, implementation and strengths of the program

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Introduction

The *Rethinking Drinking: You're in Control* project was developed by the Youth Research Centre at the University of Melbourne. The project began in 1993 with some preliminary research that investigated alcohol education throughout Australia[1]. In 1994, a draft set of curriculum materials was developed and trialed in eighteen schools in Victoria, New South Wales and the ACT. The materials were subsequently rewritten and redesigned. During 1995 and 1996, the final version of the materials was disseminated throughout Australia.

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The curriculum materials included:

- A teachers' manual that provided an overview of the classroom program and eight structured and sequential lesson plans.
- A student workbook that paralleled the lesson plans and enabled students to explore their own responses to the use of alcohol, and record what they had learned through the teaching program.
- Trigger videos, which featured typical situations that young people might encounter, designed to stimulate discussions around alcohol use by young people.
- Interactive computer software that enabled students to simulate the effects of consuming different alcoholic drinks under a variety of conditions.

There was considerable effort to see the teaching program as a partnership with the wider school community that included other teachers, the school administration and parents. Consequently, the curriculum package also included:

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- A video *Taking the hiccups out of alcohol education* that looked at alcohol use from a variety of perspectives including those of parents, students, teachers and other health educators. The video explained the central approach of harm minimisation that was used in the program.
- A booklet that provided information to teachers on how to engage parents and other members of the school community in the program through a school-based parent information evening.

The materials, though, were only one part of the project. They were supported by an extensive professional development program for teachers and other members of the community who work with young people. The professional development program was designed to:

- Introduce the concept of harm minimisation regarding alcohol use among young people.
- Familiarise teachers with the materials.
- Help teachers to use the materials effectively in the classroom.

Rethinking Drinking – You're in Control has been a significant curriculum initiative for a number of reasons:

- Although alcohol is accepted as a part of Australian life, there is still some controversy that surrounds educational programs that deal with its use.
- Neither abstinence nor use are promoted in the program, although both are mentioned in relation to young people. There is a focus on potential harms associated with alcohol use and the avoidance of these harms. Harm minimisation continues to be a controversial approach in health education, particularly in terms of young people.
- The program located students at the centre of the curriculum. It asked students to reflect on their experiences, understandings and concerns regarding the decisions they make about alcohol use.
- The program was a partnership between the University of Melbourne, school systems and the Australian Brewers' Foundation as a peak industry body.
- The program attracted significant levels of funding. This is unusual for a school-based health promotion program.

The program has been evaluated at all stages and the reports of these evaluations are available on request from the Youth Research Centre. The current paper supplements these evaluations by providing reflection on the development, curriculum and pedagogical aspects of the program.

The purposes of this paper are to:

- *Undertake a critical analysis of the process that was used to develop the materials and the program as a whole.*
- *Describe the stages of implementation of the program.*
- *Reflect on the nature of the curriculum model and its strengths and weaknesses in relation to alcohol education, the learning that is afforded to young people, and the current curriculum context into which it fits.*

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History of the project

The Australian Brewers' Foundation (ABF) has had a long history of funding research on alcohol use. Organisationally, its research structure had two arms: the first dealt with medical research, and the second addressed educational issues. The educational arm of the ABF was chaired by Professor Kwong Lee Dow, the Dean of the Institute of Education at the University of Melbourne.

The Australian Brewers' Foundation (ABF) has had a long history of funding research on alcohol use. Over the last few years, however, the ABF had a desire to initiate more projects that had an educational and health promotion focus.

Traditionally, the medical side of the ABF's work outweighed the educational in terms of importance, number of projects that were initiated, and funds provided. Over the last few years, however, the ABF had a desire to initiate more projects that had an educational and health-promotion focus.

The possibility of developing and funding a major educational project on alcohol was mooted in 1993. There was some pressure, and an expectation, that any research the ABF funded would follow the medical approach that it had traditionally pursued. However, under Professor Lee Dow's chairmanship, there was an effort to move away from this approach and initiate a more applied form of research that was directly relevant to the concerns of schools.

This was a significant departure in terms of the ABF's previous work and represented a major shift in a number of ways. For example, the research was to be grounded in the concerns of schools and teachers rather than in the research interests of academics. It was to be practical rather than theoretical. It was to use methodological approaches that engaged teachers and worked with school communities in a partnership.

The ABF approached Associate Professor Johanna Wyn (Centre Director) and Roger Holdsworth (Centre Manager) at the Youth Research Centre at the University of Melbourne to undertake some basic research into the extent and content of health education programs in Australian schools with a specific focus on alcohol so as to provide advice to the ABF regarding future research directions and priorities. This research was the precursor to the development of the materials and their subsequent national dissemination.

The initial research

The aims of the initial research were to:

- Document the known research on health education in Australian secondary schools with particular reference to alcohol education.
- Document the extent of programs operating in schools.
- Document the perspectives of health educators and other commentators on the place and future of health education.
- Assess gaps in the research and recommend priorities for further attention.

This research made a number of findings that were critical to the development and form of the *Rethinking Drinking* program. Many of the decisions that were made about the form of the program can be traced to this initial research.

The research found that although there was an extensive literature around health education in Australia, the practice in schools was that health education was fragmented, often given a low priority in terms of the total curriculum, and only dealt with alcohol education in a spasmodic and disjointed way.

There was a considerable mismatch between the rhetoric and literature around health education and the reality of health education in classrooms. The research found that although there was an extensive body of research in Australia, the practice in schools was that health education was fragmented, often given a low priority in terms of the total curriculum, and only dealt with alcohol education in a spasmodic and disjointed way.

From the literature cited in the research, four major approaches to health education were isolated. These comprised:

- **Abstinence** in which young people were encouraged to stop drinking or to delay their drinking until they were older.
- **Responsible drinking** in which individuals were given the personal skills to avoid misuse of alcohol. This approach was essentially normative in that there was an implicit value of what constituted responsible drinking, and that young people *should* pursue this path. Binge drinking or drunkenness, for example, were seen as inappropriate.
- **Harm minimisation** that acknowledged that alcohol use within Australian society, including amongst young people, exists and that the focus of education should not be on the use of alcohol per se but on avoiding the harms that may stem from this use.
- **Social decision making and action** that tended to see the use of alcohol by individuals in a broader context. The approach stemmed from the principles of health promotion, and aimed to empower individuals and groups to bring about changes in their social and physical environment so that these environments made it easier for individuals to be healthier.

A number of programs and a range of curriculum materials dealing with alcohol were available but these had emanated from different philosophical and theoretical bases. Individual teachers were either not aware of the range of materials, or if they were aware, they tended to make fairly eclectic choices that did not necessarily follow the philosophical line that had been developed by the designers of the materials.

These four approaches were not completely discrete and there were significant areas of overlap. For example, as will be argued below, abstinence could be seen as a harm minimisation strategy. However, they have different focuses, methods and outcomes.

In terms of school programs, the research found that the four approaches had become very confused. A number of programs and a range of curriculum materials dealing with alcohol were available but these had emanated from different philosophical and theoretical bases. Individual teachers were either not aware of the range of materials, or if they were aware, they tended to make fairly eclectic choices that did not necessarily follow the philosophical line that had been developed by the designers of the materials. Even within a single set of materials there were often inconsistencies. Students were being given very mixed and sometimes incompatible messages. There was obviously a need for a clear and consistent approach.

Considerable emphasis was placed in the research on harm minimisation as the most viable approach given the role of alcohol in Australian society and the patterns of alcohol use by young people. Harm minimisation was also the approach that had been taken in a number of the States' health curriculum documents and the National Campaign Against Drug Abuse (NCADA).

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Although the research revealed that harm minimisation was shown to be the preferred policy approach to alcohol education, there was considerable confusion about what it meant in terms of curriculum planning and teaching. There was a paucity of materials that showed teachers how to pursue a harm minimisation approach to alcohol education with their students.

The research also revealed the need for the professional development of teachers. Materials by themselves were often ignored. In some cases, teachers were not aware that programs or materials existed. In other cases, the implementation of programs was so idiosyncratic that there was little coherence between the intention of the materials and the teaching program.

The research also revealed the need for the professional development of teachers.

An important finding of the research was that approaches to alcohol education were similar across States. This was in spite of different school systems and a variety of curriculum guidelines and frameworks that were in place to support and guide decision making in schools. A national project was therefore possible and feasible.

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One of the important aspects of this research was the methodological approach that was taken. The researchers made contact with a number of the school systems throughout Australia. These contacts were invaluable in the subsequent phases of the project. They facilitated the trialing and wider implementation of the program. As mentioned above, alcohol education is a controversial topic. The contacts that were made in the initial research stage provided an excellent basis on which the program could be introduced into the school systems.

The second aspect of the methodology that was important was the extensive consultation with teachers. This ensured that the practical concerns of teachers were central to the development of the program and tended to define, in broad terms, the nature of the curriculum materials that ultimately comprised *Rethinking Drinking*.

The initial research provided a reasonably comprehensive map of how alcohol was being handled within the health curriculum. It had become obvious that there was a need for a clear, consistent set of materials that complemented the philosophical thrust of NCADA, and that was supported by professional development of teachers.

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These findings led the Youth Research Centre to negotiate with the ABF for a more substantial grant to address the needs of teachers, schools and educational systems regarding alcohol education.

Early in 1994, the Youth Research Centre developed a brief for the next phase of what was then called the school alcohol education project. The project brief was submitted to the ABF.

The proposed project

The proposed project had a number of major objectives. These were to:

- Develop a school-based alcohol education program that used a harm-minimisation approach and which could be applied to a wide range of schools.
- Test the efficacy of the program to ensure that students are more competent to make decisions about alcohol use and thereby minimise the harm that could result.
- Improve the quality and breadth of alcohol education in Australian schools by trialing and implementing a unit of work in classrooms.
- Encourage schools to involve parents and the wider community in alcohol education.
- Initiate a framework for a national alcohol education in schools network.

The two key elements of the project were to be the production of materials and the professional development of teachers.

Harm minimisation

Harm minimisation has underpinned Australia's response to the problems caused by the use of alcohol and drugs since the launch of the National Campaign Against Drug Abuse (NCADA). The other two platforms of the NCADA policy were a reduction in both supply and demand.

In an activity that is legal and fairly widely accepted in the community such as the consumption of alcohol, harm minimisation is seen as rational and sensible. Also, the alternatives of abstinence, prohibition, or delayed use have not worked with young people, even though some controls can be exerted over them.

It is important to look at harm minimisation as it is the central philosophical approach taken in the program. An understanding of harm minimisation also provides some indication of why the program was developed in the way it was and what made it significant.

Harm minimisation has underpinned Australia's response to the problems caused by the use of alcohol and drugs since the launch of the National Campaign Against Drug Abuse (NCADA) in 1985[2]. Since then there has been a general acceptance of the approach at a policy level. This has included the development of health curriculum policies dealing with young people in school.

The need for harm minimisation in areas of life other than alcohol consumption, such as sexual activity and drug use, has become more pressing because of the advent of HIV and AIDS. The acceptance of harm minimisation as a way of limiting the spread of HIV has tended to have a flow-on effect to other areas such as alcohol use. Consequently, there has been a quicker acceptance of harm minimisation as an approach to public health than would have been expected.

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both supply and demand. The latter two components of the campaign were not part of *Rethinking Drinking*. This occurred for two major reasons. First, alcohol is a licit drug. The same concerns and controls that exist for illicit drugs are not evident regarding alcohol use. Alcohol is a part of Australian life. This fact was one of the starting points of the program. There is a wide acceptance of alcohol use within the community and the program took this as a given.

There are, however, limitations on the supply of alcohol to young people. These were acknowledged by the program. Although their existence and efficacy were discussed within the program, the program took no position regarding the value of limiting the supply of alcohol to young people.

The program did address the concept of demand reduction, but this was done inadvertently and tended to be a by-product of the materials and teaching activities. The program stressed the consequences of alcohol consumption and particularly emphasised the harms that could result from it. There was an implicit assumption within the program that if young people were able to conceptualise the potential harms associated with alcohol use that were important to them, they would act to avoid them. One of the consequences of this avoidance could be a reduction in their consumption of or demand for alcohol.

Reduction in demand was not built into the program conceptually. It was, however, one of the practical consequences of the program as it was taught. In the evaluation of the trial phase of the program, over half of the students said that the program would influence the way in which they currently drink or drink in the future. The major strategy cited was that these young people would tend to avoid the harms of alcohol use by drinking less.

Reduction in demand was not built into the program conceptually. It was, however, one of the practical consequences of the program as it was taught.

A reduction in drinking may be the result of a harm-minimisation approach to alcohol use. However, it is the not the aim of such an approach.

There will always be a tension between the three components of the national policy. The balance between them shifts in terms of the purpose of particular programs and interventions. The important thing, though, is that when conflict between the components arises, harm minimisation should take precedence over the other two[3].

Although harm minimisation, as an approach to alcohol use, has a considerable logical appeal when it is explained clearly, the message is often confused. The initial research of the project showed than many teachers did not have a clear understanding of the approach. This was the same confusion that occurs in the general community. For example, *The Age*[4] carried an article on a local arts festival that had adopted a harm minimalisation [sic] policy:

Harm minimalisation? It's commissioner-speak for No Grog Zone: alcohol free.

In this case, harm minimisation was interpreted as being synonymous with abstinence. The general acceptance of the term 'harm minimisation' has tended to lead to a dilution of its meaning. As one drug and alcohol coordinator has stated, it tends to become all things to all people[5].

The program wanted to ensure that the distinction between the harm-minimisation approach and an abstinence approach was made clear and

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maintained in all the materials. Consequently, in the initial drafts, abstinence tended to be played down as an acceptable response to alcohol use. This was changed in later drafts and in the final materials by giving more prominence to an individual's choice not to use alcohol. Abstinence can be seen as a legitimate response to a harm-minimisation approach to alcohol use. Abstinence is not really the issue. The real question is *who is making the choice*. The program constantly reaffirmed the legitimacy and capability of young people to make decisions about their own behaviour. An approach to alcohol education that emphasised abstinence could not be considered under the rubric of harm minimisation if the students themselves had not come to that conclusion.

The partnership between the industry and education

The ABF accepted the proposal by the Youth Research Centre and this signalled its major commitment to a school-based educational and health-promotion enterprise. This commitment was demonstrated in a number of ways, not least of which was the provision of a substantial amount of funds to be spent over the next three years. The importance of the ABF's interest and involvement in the project at this stage should not be underestimated, particularly given its previous funding of medical and theoretical research.

The project was unusual in terms of the ABF's history. It also involved a substantial and unusually large amount of money that was generous in terms of education, and particularly in terms of health.

The project was unusual in terms of the ABF's history. It also involved a substantial and unusually large amount of money that was generous in terms of education, and particularly in terms of health. These two factors had a significant impact on the running of the project. Protocols had to be established between the ABF, the University of Melbourne through the Youth Research Centre, and the staff working on the project. These evolved during the early stages of the project as a response to various circumstances, issues and concerns.

There was initially a desire by the ABF to concentrate on materials rather than the more ephemeral parts of the program. As the ABF became more confident in the project, they were convinced of the importance of investing in people as the crucial resource. Professional development was ultimately seen as a critical component of the program.

For example, in the early stages of the project, the ABF was more interested in, and placed greater importance on, the development and dissemination of materials. It tended to see the project in terms of a tangible product rather than focusing on the more ephemeral parts of the program. This viewpoint was at odds with the initial research that had been undertaken with teachers. There is also considerable research in the educational area that suggested that the extent and integrity of implementing curriculum initiatives is dependent on the availability and quality of professional development of teachers. As the ABF became more confident in the project and the personnel involved, they were convinced of the importance of investing in people as the crucial resource. Professional development was ultimately seen as a critical component of the program.

There were also a number of emerging issues that reflected the history and perceptions of the various stakeholders. Finding common ground was not always easy and the process took time.

The problems were not simply a result of this project. There is something of a widespread mistrust between industry and education. This occurs for a number of reasons. For example, teachers sometimes feel that industry's sole concern is with profits. Consequently, any involvement in education is seen as a way of maximising profits by selling more products. In this way involvement in education is seen as a form of advertising. There is also an underlying view that young people are more susceptible to this type of promotion.

This general perception was particularly pointed in the current project. The Australian community has a somewhat ambivalent attitude toward alcohol. It is legal and generally supported, but there is also a view that it can be destructive, particularly for those groups that are perceived to be vulnerable. There are controls on who can consume alcohol and where this can happen. Young people are seen as one of these vulnerable groups and their use of alcohol is an emotive issue.

The approach taken in the project was also controversial. Schools have traditionally been more comfortable with abstinence, particularly since the community generally supports forms of delayed use of alcohol by young people. The prohibition of selling alcohol to children and young people is one example of delayed use.

Schools have traditionally been more comfortable with abstinence, particularly since the community generally supports forms of delayed use of alcohol by young people.

Harm minimisation, as mentioned above, takes the focus off the activity itself and concentrates on the harms that may stem from that activity. The approach acknowledges that some people will be engaged in that activity and makes no comment on this. However, the harm-minimisation approach is often seen as moving beyond acknowledging the activity and really encouraging it. This has been particularly the case concerning activities that have traditionally been dealt with through prohibition or abstinence programs. For example, the provision of condoms in schools is highly controversial, as would be the distribution of clean syringes or even the display of posters depicting injecting drug use. Raising the issue, except in terms of prohibition, is seen by some people as active promotion.

However, the harm-minimisation approach is often seen as moving beyond acknowledging the activity and really encouraging it.

The reservations about the industry becoming involved in education also came from external agencies such as the Australian Drug Foundation, particularly since the money was going directly to the University of Melbourne. There was a view, in the initial stages, that the funds should be placed with VicHealth as an agency specifically set up to develop health programs from money substantially derived from the tobacco and alcohol industries. Such an arrangement was seen as a means of placing a barrier between the ABF as the funding body and the program.

The ultimate success of the program and its acceptance and use by schools depended on addressing, or at least neutralising, any concerns school communities had about the funding of the project. The materials needed to be, and in fact were, seen in curriculum terms and not as advertising. This was achieved in a number of ways. The Youth Research Centre and the University of Melbourne had a substantial reputation and standing in the community. The perceived conservative nature of the institution was quite beneficial in this regard. Also, Professor Lee Dow as the Dean of the Institute of Education maintained a high profile in the trial phases of the project. His personal support and presence lent a substantial credibility to the project.

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The ABF, on the other hand, needed to assume a much lower profile, even though it was the funding body and wanted to be involved and to demonstrate its ongoing commitment to the project. Direct involvement in the day-to-day running of the project or in the determination of the content of the materials would have been inappropriate given the concerns expressed above. At various times, the nature of the ABF's involvement became a little difficult because it required them to hand over significant control for the project to the YRC. In the early stages of the project, the ABF was understandably nervous about the development of the project because it was an unusual venture for them and the level of funding was substantial. As the project developed and greater trust was established, the ABF became more enthusiastic and wanted to be part of its success.

A number of protocols were put into place by the Youth Research Centre. These were useful as they addressed the concerns that both parties had about working together in a new way. The protocols meant that there was a structure to deal with difficulties as they arose, and they built confidence and trust and helped avoid difficulties arising in the first place.

A number of protocols were put into place by the Youth Research Centre. The YRC was aware of existing national protocols through the initial research that had been completed. These were useful as they addressed the concerns that both parties had about working together in a new way. The protocols meant that there was a structure to deal with difficulties as they arose, and they built confidence and trust and helped avoid difficulties arising in the first place.

In terms of the administration of the project, a two-tier structure was established. A reference group comprised of the many stakeholders in the project was involved in the general direction and evaluation of the program. The members included the university staff involved, teachers, academics from other universities, representatives from the school systems, and staff from what was then the Victorian Department of Health and Community Services. There was a conscious effort to include people and organisations that had an interest in and, in some cases, statutory responsibility for young peoples' health.

The second tier was an executive comprised of Youth Research Centre staff, and Mr Terry Mott and Mr Graeme Willersdorf representing the ABF. The executive was chaired by Professor Lee Dow. This group was responsible for the overall administration of the project and general publicity about the program. Publicity included briefing politicians and senior bureaucrats. There was a conscious effort to keep these people informed about the program and its development because of its content and approach to alcohol education, and because it represented an innovative partnership between a branch of industry and the education sector.

The ABF's initial idea was to develop the program and then hand it over to government for dissemination and implementation. The ABF did not see themselves as funding the program forever. Its involvement did, however, ultimately extend well beyond the development phase. There was a sense of the ABF initiating a school-based alcohol education program that would have the effect of getting government interested in, and committed to, this area in the long term.

The materials also maintained an arm's-length approach, even though there was no effort to hide the funding source of the project. For example, the following statement appeared in the booklet *Parenting nights: Communicating about alcohol:*

'Isn't this funded by the Brewers? What's in it for them?

'The Australian Brewers' Foundation believes that funding the Rethinking Drinking *project is an investment in the health of young Australians. The Foundation is up-front about its motives. It acknowledges that its motives are principally commercial. The industry knows that unless alcohol misuse can be reduced by education and by measures that target the needs of particular groups, governments may impose across-the-board restrictions. They believe further restrictions are not in the industry's interests or those of the majority of consumers.'*

The separation of the ABF's commercial interests and the program was achieved in a variety of ways most of which were reflected in the national protocols mentioned above. There was no effort to seek endorsement for any products of the members of the ABF. Also, no products were named in the materials. Various alcoholic drinks were identified by generic terms such as 'light beer', 'spirits' or 'wine coolers'. Sometimes this presented a dilemma for teachers because the students only knew some beverages by their brand name. Developing an understanding of individual drinks as being part of a class of beverages that had similar alcoholic content and worked in similar ways was part of the learning afforded by the program.

A clear distinction was made and maintained by the ABF and the Youth Research Centre between funding and sponsorship. Sponsorship would have named particular products, sought endorsement for those products through association with the teaching program, and promoted the products by emphasising the potential benefits and not the harms. This did not occur.

A clear distinction was made and maintained by the ABF and the Youth Research Centre between funding and sponsorship. Sponsorship would have named particular products, sought endorsement for those products through association with the teaching program, and promoted the products by emphasising the potential benefits and not the harms. This did not occur.

The funding relationship was maintained because there was no effort by the ABF to determine the content or teaching methodologies associated with the program, and it was not involved in the day-to-day operation of the project. The project was based on published research and was grounded in existing government policies that dealt with the education of young people, and the use of alcohol and other drugs within the community.

Sponsorship also tries to link a particular product with a valued event and this is often done in a relatively arbitrary way. For example, there are only tenuous links between cigarettes and sporting events, or wines and art exhibitions. In the current case, there was an effort to explore in some detail the potential harmful effects of alcohol consumption. It was not simply a matter of adding a name to a set of materials and gaining their imprimatur by implication. In this respect, the brewing industry has tried a different approach than that most often practised by the tobacco and wine industries.

Although the relationship between industry and an educational enterprise was a little unusual, it is likely to become more common in the medium term. Industry is becoming increasingly involved in education and this will occur in a variety of ways. For example, school systems need to be responsive to the demands industry has regarding a skilled workforce. This is a top-down approach and can be perceived as heavy-handed. However, industry is likely to be instrumental in working with teachers in the development of a curriculum that genuinely serves the whole community. Partnerships, such as the current one between the ABF and schools through the auspice of the University of Melbourne, are likely to become more common.

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The role of government in the development and dissemination of curriculum initiatives is changing. Government is now more involved in setting broad policy directions regarding the curriculum in schools. Curriculum development of programs is increasingly being undertaken at the school level by community agencies such as the Life Education Centres, by commercial interests such as publishers, or, as in the present situation, by industry. It is likely that schools will choose their curriculum from a variety of sources. The criteria for these choices will be the mandated centralised guidelines such as the current *Curriculum and Standards Frameworks (CSF)* in Victoria.

The logistics of the program

The Youth Research Centre had appointed a senior research assistant to undertake most of the initial research. Margaret Sheehan, who took this role, continued with the project as coordinator when it moved to the next stage of development and trialing materials.

The project coordinator was extremely knowledgable about the current trends in health education and particularly those regarding alcohol and drugs. In addition to her knowledge in the substantive area of the project, she also had a broad background in curriculum development and consultancy. This combination of the substantive and pedagogical focuses meant that there was always a strong bias toward the practical aspects of education.

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Margaret had previously been based in a school and therefore understood the particular demands currently placed on teachers. This understanding also gave her considerable credibility when it came to negotiating the involvement in schools and the acceptance of the program. The same strength was apparent when working with individual teachers.

She also had well-established networks throughout the field of health education. These were extended through the initial research project. The national focus of this research meant that contact had been made with school systems at an early stage. Interest was consequently built in the program prior to the development and trial phases.

In the proposal that was made to the to the ABF for the development of materials, the Youth Research Centre had argued for the development of a set of written materials to be used by teachers, and videos that could be used as part of the teaching program and with parents and other members of the school community.

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Early in 1994, the Youth Research Centre contracted independent media companies, Education Image and Tanglefoot Productions, to develop the materials and videos respectively. Both companies had considerable experience in developing educational materials. They were also aware of the processes of dealing with a variety of stakeholders that ranged from young people to government departments.

There was some disagreement in the early stages between the Youth Research Centre and Education Image about who was the primary author.

This was resolved through the part-time appointment to the Youth Research Centre of an experienced teacher as the writer of the classroom materials. This teacher had extensive experience of developing classroom activities for students, particularly in the areas of health and drama. Helen Cahill was subsequently extensively involved in the professional development of the teachers implementing the program. She was an excellent choice because she had considerable skills as a curriculum developer and, like Margaret Sheehan, had enormous credibility with other teachers.

Helen Cahill had previously been involved as a classroom teacher with the Australian Drug Foundation's *Youth, Alcohol and Community* program. The program had taken a different tack by providing schools with a number of broad strategies such as developing school and community forums, but was not at the level of specificity that included lesson plans or activities. This was seen as a school-based decision.

As part of this program, Helen Cahill had developed and taught an extensive unit of work targeted at middle secondary school students. The activities in this unit used highly interactive methods of teaching and learning. The students were placed at the centre of the program and were required to reflect on their own use of alcohol and harms that might potentially stem from alcohol use. Role play and other forms of active learning were central to the approach she had developed. This work was presented and modelled at a number of forums.

These presentations, and her extensive experience in developing health curriculum particularly in the area of sexuality and communication, led to her part-time secondment to the project. Her role was to write up the lessons she had developed so that other teachers could use them.

In 1994, the program was trialed in a number of secondary schools. An evaluation was undertaken of this phase of the project by the Centre for Program Evaluation at the University of Melbourne. As a consequence of the evaluation and other responses to the draft program, the materials were revised and further developed. The program was then implemented on a wider national basis during 1995 and 1996. This phase was evaluated by Deakin University.

The curriculum model

Probably the most important feature of the project was that the staff were able to take the rhetoric of harm minimisation and transform it into a set of curriculum materials and a teaching program.

Stepping back from the specificity of the materials and program, there are a number of general issues that are worth isolating and exploring. These issues can be seen as constituting the curriculum *model* on which the program was based.

Probably the most important feature of the project was that the staff were able to take the rhetoric and practice of harm minimisation and transform it into a set of curriculum materials and a teaching program.

Contextualising the program

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An important aspect of the program's success was that it fitted into a pre-existing policy context and, where an appropriate context did not exist, one was created. As mentioned above, the harm-minimisation approach was being promoted at a policy level in health and health education even though it was not particularly well understood by teachers or other members of the community.

It also fitted into the context of curriculum policies that had been developed. The program was designed to take into account the national curriculum profiles in terms of the substantive area of health education. Although there is some variation between the States regarding the broad curriculum frameworks that apply to schools, there is a remarkable similarity regarding the content areas that are addressed.

The Victorian *Curriculum and Standards Framework* provides a clear example:

> *Students discuss how risk-taking can have both positive and negative consequences. They contrast the positive and negative consequences of taking social, emotional and physical risks and identify ways to balance risk and safety in individual experience and social relationships. They investigate perceptions of risk and analyse how peers, the media, culture, experience and age can influence decisions about risk and safety.*
>
> *Students learn about personal safety...Students examine the effects of alcohol and other substances on our senses and behaviour, debate the risks and benefits of their use, and propose strategies for minimising harm associated with their use.*[6]

All States have similar statements that link the program into wider curriculum issues. The program was, therefore, more easily accepted because of the existing curriculum context, and the potential for controversy was reduced.

The program also developed its own local context. Teachers were encouraged to take a whole-school focus for the program. Included in the materials was a booklet entitled *Parenting nights: Communicating about alcohol*. The booklet emphasised that one of the aims of *Rethinking Drinking* was to address alcohol education as a partnership between teachers, students and parents. As the booklet explained:

Parent nights enable schools to tell parents about their classroom programs, as well as support parents and students to talk about alcohol issues. Also parents are more likely to support potentially controversial topics like alcohol if they feel informed and understand the issues. Parents are eager to learn ways to better communicate with their children about issues of concern and often report that they learn a lot, and especially that their child was 'normal'!

The booklet then goes on to describe strategies that could be used to run a parents' night. These strategies were described in the same high level of detail as the lesson plans of the teaching program. Teachers were encouraged to show the video *Taking the hiccups out of alcohol education* at the parents' night. This was an extremely useful resource because it introduced the key concepts and approaches of the program. It also featured a comprehensive range of stakeholders in the program. These included a number of parents who spoke about their concerns regarding the use of alcohol by their children, views from students themselves, and health educators. The video reinforced that alcohol education needed to be seen from a variety of perspectives, and to deal with the issues in a comprehensive way.

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The program was introduced into schools at a similar time as a number of other initiatives were being implemented. This contributed to the receptive context. However, these other projects tended to have a slightly different focus. For example, some programs tended to focus on policy development rather than the practicalities of a teaching program. The fact that *Rethinking Drinking* took a practical focus was a major strength of the program. Clear, accessible and high-quality teaching materials that could be used directly in the classroom were the core of the program. Teachers were taught how to use them through focused professional development undertaken by highly skilled master teachers.

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This was a fairly unusual approach to the implementation of a curriculum innovation. Often teachers are presented with the broad framework for the development of classroom activities and are expected to fill out this framework in a manner to suit the educational needs, interests and aspirations of their particular students. Even in the initial research, it was stated that:

> *Several teachers in this study were most enthusiastic about models for professional development activities that involved them working cooperatively with consultants over a period of time to develop resources and teaching strategies that could be published and disseminated in the area.*
>
> *The directions taken in terms of professional development education should acknowledge the differing needs of teachers in different settings and the constraints on them in working in sometimes non-supportive environments.*[7]

The approach that was eventually taken provided considerably more support than a general framework. The approach built on the strengths of teachers as curriculum implementers and not curriculum developers. Many teachers do not have the time, nor do they have the skills, to develop an individual curriculum for each group of students they have.

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The professional development also supported this approach. The classroom activities were modelled by the consultants. The consultant would act as the teacher while the teachers would take on the role of students. The group would then reflect on the activity, the teaching methodology used, and the learning afforded to students. There was an expectation that the teachers would return to their schools and work through the materials using the skills they had acquired and following the format they had experienced.

The professional development also dealt with many of the substantive issues around alcohol, its consumption by young people, and harm minimisation. Modeling, though, was the central methodological approach taken.

One interesting issue to emerge was that many teachers found the activities that were modelled and which were described in the materials to be highly innovative.

One interesting issue to emerge was that many teachers found the activities that were modelled and which were described in the materials to be highly innovative. Teachers would not have come up with the range of methodological approaches that were central to the materials if they had been required to develop their own lessons from a common framework. It was not surprising, therefore, that teachers followed the format closely that was described in the materials.

This approach was reasonably risky because the ideas and content of the program could have been rejected on the basis of teachers finding the lessons inappropriate or unworkable. These risks were avoided in a number of ways.

This approach was reasonably risky because the ideas and content of the program could have been rejected on the basis of teachers finding the lessons inappropriate or unworkable. These risks were avoided in a number of ways. As mentioned above, the lessons were modelled by master teachers who were highly experienced and competent, and who had considerable credibility with the teachers who were to adopt the program.

The activities were known to work. They had been developed by teachers with their classes. The writer had taught all of the activities previously with her own students.

Nearly all the activities were open-ended. Although the lessons were described in a prescriptive way, they were not prescriptive in terms of the students dealing with the material or the outcomes they would reach. These activities required a large degree of interpretation by the students. This meant that the eight common lessons in the program resulted in a wide range of outcomes that accounted for the differences between schools and students.

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The activities were also student-centred in that they were grounded in the individual perceptions, experiences and concerns of the young people involved. Placing the student at the centre of the program complemented the harm-minimisation approach. A moral perspective of what is or is not harmful was not taken in the program. These were genuine questions posed in the program. The young people were asked to think about harms in their own terms. The teacher also had a role in this. However, the teacher's view was treated as simply another perspective rather than one that carried greater weight or had some monopoly on the truth.

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This highlights one of the real strengths of the program. There was a finely balanced synergy between the content of the program and the issues being explored, and the methods that were used for this exploration. For example, the methodological issue of valuing the students' views and enabling them to define harm in their own terms was reflected in one of the key substantive ideas of the program.

There was a finely balanced synergy between the content of the program and the issues being explored, and the methods that were used for this exploration.

The idea was that there was no useful distinction between adults and young people in terms of their consumption of alcohol. This idea stemmed from two sources and provides a good insight into the synergy mentioned above.

First, the project team had an educational commitment to working with young people and developing curriculum that valued their experiences and perceptions. Similarly, the teachers' viewpoints in the program were neither withheld nor promoted as being in any sense more mature, responsible or sensible. The class became a 'community of learners' that had a variety of levels of experience and various viewpoints, all of which contributed to the learning and could be explored.

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This approach placed the teacher in the role of a facilitator rather than an expert. The teacher helped students to conceptualise harms that were important to them and to look at realistic ways of avoiding these. The strategies were realistic in terms of the students' reflections on their experience, knowledge of their peers, and projection regarding how they might respond under different circumstances. The locus of the decision making was placed with the students. The program gave them an informed (albeit by imagination) base by which the decision could be made.

Second, the idea that there was no useful distinction between alcohol use by young people and adults was also grounded in the research on alcohol that was quoted in the materials. The 1993 survey of almost 10,000 young people from Victorian schools found that the reasons they drink alcohol are the same as those of adults. These reasons include the enjoyment of the effects, taste and curiosity.

Adults sometimes believe that young people drink because of peer pressure. However, young people themselves tend to reject this. The program took the view that young people were capable of making these decisions. Consequently, no meaningful distinction could be made between adults and young people. All people had to address the consequences of their actions, the potential harms that might result, and to consider appropriate ways to avoid or reduce those harms. These processes are identical regardless of the person's age.

The concepts of consequences of certain behaviour became the way of turning the theoretical notion of harm minimisation into an interactive teaching program. The use of projection and asking the question *'what if...?'* was crucial in the program. Using alcohol was, therefore, placed in the context of real and imagined situations. This led naturally into narrative and drama.

The importance of narrative

Story telling, in a variety of forms, was the central methodological approach that was used in the program.

Story telling, in a variety of forms, was the central methodological approach that was used in the program. The students were *active* creators and interpreters of narratives about the current and potential place of alcohol in their lives. It is important to explore the concept of narrative, the type of learning that is promoted, and how this is done. An understanding of narrative provides considerable insight into the curriculum model and the benefits and success of *Rethinking Drinking*.

Developing personal narratives enabled the students to reflect on their own experiences and project into future events and situations. This had the very useful effect of grounding alcohol and its use in the lives of the students. The study of alcohol was transformed from an objective study of chemical reaction and production techniques or solely of the experiences of a character in a novel or social setting, for example, to something that was personal. Similarly, the concept of harms became real rather than theoretical since they were defined and explored in the students' own terms.

What is being described here as storytelling or narrative took many forms in the program. Small group discussions were used extensively, as were other forms such as role play and drama. The writing that was asked of the students also followed this approach. The *Dear Abby* exercise in the materials, for example, is simply a written narrative.

The central position that story telling occupied in the program contributed significantly to its success. It also distinguished this program from other more traditional approaches to alcohol and health education. Certainly the teachers in the early phases of the project felt that the lessons and the specific activities were innovative. It is important, therefore, to analyse the ways in which narrative works and the learning it affords. The first point is that story telling is a humanly shared capacity and is universal. Everyone, even very young children, tells stories and uses narrative to locate themselves in the world.

*The issues that are raised in **Rethinking Drinking** will tend be those that are expressed or can be addressed in human terms. This was one of the reasons that social rather than physical harms were emphasised in the early drafts of the materials. Even when physical harms were given more prominence, they were still explored in social contexts.*

The issues that are raised in *Rethinking Drinking* will tend be those that are expressed or can be addressed in human terms. This was one of the reasons that social rather than physical harms were emphasised in the early drafts of the materials. Even when physical harms were given more prominence, they were still explored in social contexts. Issues that are more amenable to paradigmatic explanation will, by and large, not come up in the program.

By placing issues firmly in a context that is known and defined by the students, it is likely that there will be some coherence between the classroom activities and the lives of the students.

Stories take issues out of the realm of the theoretical and place them firmly in the experiences and interactions of people. Cheryl Mattingly[8] argues that the defining characteristics of narrative are that accounts of issues focus on people, and that as a result of people taking certain actions, things change. This feature of story telling is quite critical in the program because there can be enormous differences between theory and practice and this has been one of the failures of previous approaches. By placing issues firmly in a context that is known and defined by the students, it is likely that there will be some coherence between the classroom activities and the lives of the students.

Summary

The evaluations of *Rethinking Drinking – You're in Control* suggest that it has been a very successful program. Certainly, there has been a strong take-up of the program in the education sector. There has also been considerable interest by groups such as youth workers, police, welfare agencies and churches. Even other professionals working in the field of alcohol education have expressed interest in using the program to supplement their own work.

Part of this success is that the theoretical approach of harm minimisation, which had some general acceptance but was poorly understood, has been translated into an accessible, clear and practical classroom program. The materials are of a high quality and easy to use.

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The program is also significant because it demonstrated that an educationally sound and innovative product in a sensitive area can be funded by industry. Protocols certainly needed to put into place to ensure that the pedagogical integrity of the program was not compromised. However, these were relatively easily achieved. A structure was established that shared responsibility between the ABF and the Youth Research Centre. Both had a role that matched their expertise. Similar projects could now use the same approach.

The program is also significant because it demonstrated that an educationally sound and innovative product in a sensitive area can be funded by industry.

Notwithstanding the quality of the materials and the staff involved, the success of the program was helped considerably by the amount of money that the ABF committed. The funds enabled the materials to be of the highest quality and free. They were supported by an excellent professional development program that is rarely available to teachers these days.

Footnotes

[1] See Sheehan, M., Wyn, J., and Holdsworth, R., 1993, *Health Education in Secondary Schools: A focus on alcohol.* Melbourne, Youth Research Centre, University of Melbourne.

[2] *Connexions*, January/February, 1991. p. 3.

[3] Ibid. p. 3.

[4] *The Age*, January 26 1996. p. 13.

[5] *Connexions*, op cit. p. 11.

[6] *Curriculum and Standards Framework: Health and Physical Education*, 1995, Melbourne, Board of Studies. p. 64.

[7] Sheehan. op cit. p. 34

[8] Mattingly, C., 1991, 'Narrative reflections on practical actions: two learning experiments in reflective storytelling', in D. Schon, *The Reflective Turn: Case studies in and on Educational Practice*, New York, Teachers College Press.

Youth Research Centre

The Youth Research Centre is located within the Faculty of Education at The University of Melbourne. It was established in 1988 in response to a recognised need by the youth affairs sector for relevant and up to date research on the issues facing young people today.

The aims of the YRC are to:

- conduct relevant, coherent and reliable research on young people in Australia, with a state, national and international focus;
- assist with the development of policy and the implementation of initiatives based on research findings;
- develop strong links with the youth affairs sector, with particular attention to helping to identify and address the sector's research needs;
- facilitate communication between educators, researchers, policy makers and youth workers;
- support the research activities of university staff and post-graduate students who have a specific interest in youth affairs; and,
- enhance the professional development of staff and students by assisting them to be informed about the broader context of young people's lives.

Youth Research Centre Activities

The YRC has particular expertise in research on education, transition pathways, social justice, gender equity and employment issues as they affect young people.

The main YRC activities are:

- undertaking research and publishing the outcomes in a manner accessible to policy makers and the youth sector;
- providing information and policy advice to governments and other organisations;
- assisting and encouraging individuals or groups who work with young people.

YRC activities involve:

- undertaking small projects for groups lacking the capacity or opportunity to do so themselves;
- providing a base for post-graduate students wishing to undertake Masters or PhD research on topics related to young people and the youth sector;
- enabling academics to participate in established YRC projects, and/or undertake their own research on youth related issues;
- maintaining a youth sector resource library;
- publishing series of Working Papers and Research Reports;
- conducting public seminars and conferences on a variety of Issues relevant to those working in the youth sector.

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